

Test Results Release Authorization Form

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Your Date of Birth]**, authorize the release of my test results to the following individual:

[Recipient's Full Name]
[Recipient's Relationship to You]
[Recipient's Contact Information]

The test results to be released are as follows:

[Description of Test Results]

This authorization is valid until **[Expiration Date]**. I understand that I have the right to revoke this authorization at any time.

Signature: _____

Printed Name: _____

Contact Information: _____

Thank you for your attention to this matter.

Sincerely,

[Your Name]